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MINISTRY OF HEALTH

REPORT OF MIDWIVES SALARIES COMMITTEE

SALARIES AND EMOLUMENTS OF
INSTITUTIONAL AND DOMICILIARY MIDWIVES,
NON-MEDICAL SUPERVISORS OF MIDWIVES
AND OF PUPIL MIDWIVES

*Presented by the Minister of Health to Parliament
by Command of His Majesty
July 1943*



LONDON

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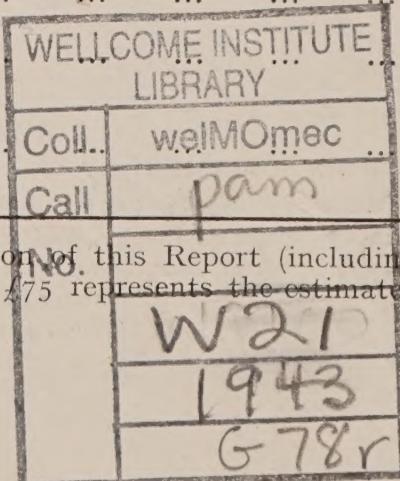
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REPORT OF MIDWIVES SALARIES COMMITTEE

To the Rt. Hon. ERNEST BROWN, M.C., M.P., Minister of Health.

SIR,

A. PRELIMINARY.

1. **Terms of Reference.**—We were appointed in May, 1942, six months after the appointment of the Nurses Salaries Committee, with the following terms of reference:—

“To draw up agreed scales of salaries and emoluments of State Certified midwives employed in England and Wales on maternity work in hospitals or maternity homes or in the domiciliary midwifery service, of Non-Medical Supervisors of Midwives, and of pupil midwives”.

You informed us that these terms of reference might be interpreted to include such conditions of service as hours of work, length of holidays and interchangeability of superannuation rights.

2. This Report deals with all the matters falling within our scope except superannuation. The position regarding the superannuation of midwives is similar to that of nurses; and (as paragraph 5 (5) of the First Report* of the Nurses Salaries Committee states) we have nominated two of our members, Mrs. F. R. Mitchell and Mr. G. G. Panter, to be members of the Superannuation Sub-Committee which has been appointed to advise as to the best method of securing uniformity of superannuation and interchangeability of pension rights for nurses and midwives.

3. **Liaison with other Committees.**—When we were appointed, you requested us to consult with the Nurses Salaries Committee before making recommendations in regard to overlapping matters. We have kept in close touch with the Nurses Salaries Committee. At an early stage of our discussions, we recognised that it was necessary for us to await the outcome of the preliminary discussions of that Committee, before we could make substantial progress on the matters falling within our scope. We were kept informed of the progress of the Nurses Salaries Committee at each stage, and exchanged minutes with them. There were also informal consultations as occasion arose. Liaison was assisted by the fact that a number of our members are also members of the Nurses Salaries Committee.

We have also kept in touch with the progress made by the Midwives Sub-Committee of the Scottish Nurses Salaries Committee.

4. **Constitution and Procedure.**—The Committee consists of two Panels, under the Chairmanship of Lord Rushcliffe. The Panels are composed, respectively, of 12 members nominated by organisations representing midwives and 12 nominated by organisations representing employers of midwives. There has been one change in membership since the Committee was first appointed. In February, 1943, Miss J. Murphy, the member of the Midwives Panel nominated by the Trades Union Congress resigned, and Miss L. W. Mantripp was appointed to take her place.

5. Mr. Arnold Walker was elected Chairman and Mrs. Mitchell Hon. Secretary of the Midwives Panel. Sir George Martin was elected Chairman of the Employers Panel, undertaking this responsibility in addition to his duties as Chairman of the Employers Panel of the Nurses Salaries Committee, and Dr. Bullough was elected Hon. Secretary of the Employers Panel.

* Cmd. 6424.

To these members the Committee wishes to express its deep debt of gratitude for the way in which they have carried out a difficult and burdensome task.

6. The Panels met separately to determine their own courses of action, and there were consultations and joint meetings as necessary. Altogether there were three joint meetings of the full Committee, 15 meetings of the Employers Panel alone, and 21 of the Midwives Panel alone. In addition we held one combined meeting with the full Nurses Salaries Committee, at which common problems were discussed. Lord Rushcliffe presided over our joint meetings, and assisted us on all occasions. We desire to associate ourselves most warmly with the tributes paid to his Chairmanship in the First Report of the Nurses Salaries Committee.

7. To assist our deliberations, we collected from a number of different authorities information on various points relating to the existing salaries and emoluments of midwives and other matters, and we are grateful to these authorities for supplying the information. As we expected, the practice of employing authorities in the past has differed widely. The scales we recommend are intended to be not minima but standard national scales applicable throughout England and Wales, subject to a provision for the payment of additional allowances in London and the Metropolitan Police District to certain domiciliary midwives—see Table III, Part A, of this Report and Table IV. We recognise, however, that there may be isolated cases to which our recommendations are not, owing to some exceptional circumstances, wholly appropriate, and which require special consideration.

8. **General Considerations.**—In 1929 the Departmental Committee on the Training and Employment of Midwives issued a Report which touched upon some of the conditions of employment of midwives at that time. In considering the matters within our terms of reference, we felt it was necessary to examine at some length the state of the midwifery profession at the present time. It would not be proper in this Report to embody in detail the survey we made; but we feel it is necessary to indicate certain general considerations we had in mind in framing our recommendations, in order that the reasons underlying some of these recommendations may be more readily appreciated.

9. It is not widely enough understood that, notwithstanding the close relation which midwifery has to the sister profession of nursing, it is in fact a distinct profession with its own traditions. The midwife is authorised by law to care for the pregnant woman and to remain in charge of her during labour and the lying-in period, subject only to the obligation to call in a medical practitioner to deal with abnormalities and disease. In the main her patients are healthy women discharging a normal physiological function, and the midwife is left to her own knowledge and skill to attend to them. It must be borne in mind that at each confinement she is responsible for at least two lives. There could be no clearer official recognition of the dangers which unqualified practice would involve than the fact that midwifery is a closed profession, i.e., the title “midwife” is protected by law, and unqualified practice is illegal. Except for medical practitioners and medical students, only State Certified midwives, or pupil midwives, may undertake midwifery.

10. In spite of this special statutory position of midwives, they have no recognised protected uniform of their own. They have either exercised their own choice in the matter of uniform, or have worn differing uniforms provided by their employing authorities. Whereas the General Nursing Council were given power by the Nurses Registration Act, 1919, to make Rules with respect to the uniform that may be worn by registered nurses—a power which they duly exercised—and it is an offence for any person other than a registered nurse to wear that uniform, no similar power has been conferred on the

Central Midwives Board in respect of midwives. It is true that the Board have been empowered to make, and have made, a Rule as to the wearing by midwives of a protected badge, but in our view this does not go far enough. We are of opinion that you should take steps, as soon as it is practicable to do so, to provide the Central Midwives Board with the power of framing Rules regarding the uniform of State Certified midwives, and to make it an offence for persons other than State Certified midwives to wear that uniform. The provision of a national uniform would, we believe, contribute to the public standing of the midwife and help to give the profession a sense of unity.

11. Midwives deliver two-thirds of the 600,000 babies born in England and Wales every year, and act as maternity nurses under a doctor's direction at most of the remaining confinements.

12. Legislation during the present century has placed midwifery on a sound professional basis and has done much to improve the status of the midwife. The Midwives Act, 1902, set up the Central Midwives Board to supervise the training and practice of midwives and to frame Rules for this purpose, subject to the approval of the Minister of Health (originally the Privy Council), and appointed Local Supervising Authorities to exercise general supervision over all midwives practising within their areas. There were amending Acts in 1918 and 1926, and finally the Midwives Act, 1936, placed upon Local Supervising Authorities the duty of organising domiciliary midwifery services adequate for the needs of their areas.

13. Despite these developments, public opinion has been slow to realise the true status and importance of the midwife or the vital part which she plays to-day in the public health services. A franker and more enlightened attitude towards childbearing and the midwifery service should be one of the first aims of health education.

14. About half the midwives practising at the present time are general State Registered nurses, as well as State Certified midwives. The course of training prescribed by the Central Midwives Board for pupil midwives who are general State Registered nurses consists of two parts, each lasting six months. For pupil midwives who are not State Registered nurses, the course is also divided into two parts, but the first part lasts 18 months; the second part is the same as for a State Registered nurse, lasting six months. Nine out of 10 pupils in training now in institutions providing the second part of the training are general State Registered nurses, and it seems probable that the midwife will in future be recruited largely from the ranks of the nursing profession. It is an undoubted advantage to a midwife to have the nursing qualification, and especially so in positions in which she has general duties and responsibilities apart from those of midwifery proper. Accordingly, we decided that it was desirable in certain cases to make a differentiation in salaries between one who possesses the qualification of general State Registered nurse, and one who does not possess that qualification.

15. On the whole, the prospects for the future of a woman who intends to make midwifery her profession have hitherto compared unfavourably with those of the woman who makes nursing her profession. The scope for advancement to senior posts is more limited. In the hospital service, for example, maternity hospitals are never so large as the bigger general or special hospitals, and the matron's responsibility and remuneration have been correspondingly smaller. In the domiciliary service, the highest paid posts to which a midwife can aspire are those of Non-Medical Supervisor of Midwives or Superintendent or Sister-in-Charge of a District Midwives Home, and these posts are limited in number, nor has the remuneration attaching to them been comparable with that of the Matron of a large hospital. We have borne in

mind this restricted scope for advancement in framing our recommendations, with a view to devising scales which would encourage entrants of quality to make midwifery their career and remove one of the main causes for which young midwives leave midwifery in favour of nursing.

16. The midwifery service falls into two groups:—

(1) institutional midwifery, by which we mean midwifery carried out in hospitals or maternity homes;

(2) domiciliary midwifery, by which we mean midwifery carried out in the homes of the people.

Numerically, domiciliary midwifery is more important. Some two-thirds of all the confinements which take place in this country take place in the homes of the people. There has, in recent years, been a greater tendency towards institutional confinements, particularly in urban areas, where there has been a substantial increase in the number of beds provided; but there will undoubtedly continue to be a substantial amount of domiciliary midwifery for some time to come. Responsibility for organising an adequate domiciliary service rests with the Local Supervising Authorities. They may employ midwives direct, or make arrangements with Welfare Authorities or voluntary bodies, including District Nursing Associations and voluntary hospitals, to undertake midwifery on their behalf. There is also a fairly large number of independent (or private) midwives practising on their own, but their numbers are decreasing, and they do not fall within our scope.

17. For some years there has been an insufficient number of midwives to meet the demands of the various services for which they are wanted. The number of women who complete training as midwives would be sufficient to meet these demands, if they all made midwifery their career; but the rate of wastage is high. Women who are general State Registered nurses have gone on to take midwifery training, not with any intention of practising midwifery but because they know that possession of the double qualification may help them to advance to higher posts in the nursing world. We cannot but deprecate the practice of general hospital authorities and other authorities who require persons holding nursing posts to possess a full midwifery qualification if, in fact, possession of that qualification is not essential to the duties which the holders of those appointments will be called upon to perform; and we desire to emphasise our view that hospital authorities should only require possession of a midwifery qualification, if that qualification is necessary for the post. Many doubly qualified midwives, too, after completing their midwifery training, have gone into the Nursing Services attached to the Armed Forces or into non-hospital nursing employment, such as nursing posts in factories. Altogether there are about 65,000 women on the Midwives Roll. Of these only some 16,000 are practising as midwives. This gives some measure of the wastage, although, of course, many of the names which now appear on the Roll are of women who have not practised midwifery for many years, and who would not feel able or be considered competent to resume this work. The wastage has been aggravated by the war, which, by creating a vastly increased demand for nurses, has caused larger numbers of midwives with the double qualification to take up nursing appointments. The shortage is serious and must, if it continues, undoubtedly affect the quality of the midwifery service. We have been mindful of the urgency of the problem in framing our recommendations.

18. The great majority of institutional midwives are resident, and are provided by the authority which administers their institution with their emoluments*, due allowance being made for this in fixing their salaries.

* By "emoluments" we mean, board, lodging, personal laundry, and the use and laundering of uniform.

Those who are non-resident usually live out because they so desire and their employing authority permits them to do so; such midwives receive a cash allowance in lieu of the emoluments not provided by their authority. On the other hand the circumstances of salaried domiciliary midwives vary greatly. A considerable number practise from district hostels or homes, and are provided by their employing authority with full emoluments; but the majority practise from their own homes in widely differing conditions. We deal further with this point in paragraph 48.

In drawing up our recommendations we took account of the fact that institutional service is primarily residential and domiciliary service primarily non-residential; and our general object has been to secure equitable treatment of both, having regard to their respective duties and responsibilities.

B. DEFINITIONS.

19. We define below the categories of midwife with which this Report is concerned. We wish to make it clear that our recommendations apply not only to midwives employed as such, but also to midwives acting as maternity nurses, i.e., under a doctor's direction, either in a maternity hospital or other maternity unit, or in the patient's own home.

Institutional.

20. *A Matron* is the head midwife of a maternity hospital or maternity home with 10 beds* or more. She is responsible for the maternity and nursing service of the hospital or home, and has such other appropriate duties as her employing authority may prescribe.

21. *An Assistant Matron* of a maternity hospital or maternity home with 10 beds* or more is a State Certified midwife who assists the Matron, and, in her absence, deputises for her.

22. *A Sister-in-Charge* is the head midwife of a maternity hospital or maternity home with fewer than 10 beds*.

23. *A Superintendent Midwife* is the head midwife of a maternity department with 50 beds* or more in a hospital or institution.

24. *A Deputy Superintendent Midwife* is a State Certified midwife who assists a Superintendent Midwife and in her absence deputises for her.

25. *A Midwifery Teacher*† is either

(i) A State Certified midwife who is approved by the Central Midwives Board as a Teacher responsible for the theoretical instruction of the pupils of a Training Institution and for supervising their practical training, and who is answerable to the Board for seeing that the training satisfies in all respects the requirements of the Board; or

(ii) A State Certified midwife who has been appointed with the approval of the Central Midwives Board as a midwifery tutor of pupil midwives with only occasional clinical or administrative responsibility, and whose duties consist almost exclusively of giving the theoretical instruction to the pupils.

The great majority of midwifery teachers will be covered by the definition in (i), but, in a small number of cases, the approved teacher is a Matron

* For method of determining beds, see Note 1 to Table I.

† There are Midwifery Teachers not only in hospitals or maternity homes approved as training institutions, for pupil midwives, but also in District Midwives Homes approved as such.

or Superintendent Midwife, and the actual teaching is in the hands of a midwifery tutor. Since the introduction of the present training rules, it has been the general policy of the Central Midwives Board to approve the actual teacher, whether she happens to be the midwife in charge of the institution or organisation approved as the training school or not. In the case of a maternity hospital or maternity home, this practice in no way undermines the authority of the Matron, who is required under Rule B.32 to countersign all certificates of training. In the case of large maternity departments under a Superintendent Midwife where a separate midwifery tutor is appointed, the position of the Superintendent Midwife is not protected by Rule B.32 and it is anticipated that the Superintendent Midwife will be the approved teacher; in that case the midwifery tutor's position will be safeguarded by the definition in (ii).

It is the declared policy of the Central Midwives Board, that, as soon as there are sufficient midwives with the Midwife-Teachers' Certificate, possession of the Certificate shall be an essential qualification for new approvals. Though the number of midwives so qualified is steadily increasing, several years must elapse before the policy can be applied universally.

26. *A Departmental Midwifery Sister* is the head midwife of a maternity department with 25-49 beds* in a hospital or institution. If there are fewer than 25 beds, the midwife in charge should be regarded as a Midwifery Sister.

27. *A Midwifery Sister* includes a Maternity Ward Sister, Labour Ward Sister, Ante-natal Clinic Sister, Night Sister, Home Sister and Housekeeping Sister. Each of these is a State Certified midwife responsible for the work broadly indicated by her title, and controls the staff working under her. In a training institution the Maternity Ward Sister, Labour Ward Sister, Ante-natal Clinic Sister and Night Sister help with the practical teaching of the pupils.

28. *A Staff Midwife* is a State Certified midwife employed as a midwife or maternity nurse in a maternity hospital, maternity home, or a maternity department, under the supervision of a Midwifery Sister.

29. *A Pupil Midwife*† is either:—

(a) A general State Registered nurse on the Register of Pupils kept by the Central Midwives Board who is undergoing the course of training prescribed by the Board for such pupils; or

(b) A person on the Register of Pupils kept by the Central Midwives Board who is undergoing the course of training prescribed by the Board for pupils who are not general State Registered nurses.

Domiciliary.

30. *A Non-Medical Supervisor of Midwives*‡ is a State Certified midwife employed by or on behalf of a Local Supervising Authority to exercise supervision over the midwives practising in their area. The qualifications prescribed for such a Supervisor appointed after 1st June, 1937, are laid down in Regulations made by the Minister of Health in 1937.

* For method of determining beds, see Note 1 to Table I.

† A pupil midwife may be undergoing training not only in a hospital or maternity home approved as a training institution but also in a District Midwives Home approved as such.

‡ It is convenient to classify Non-Medical Supervisors of Midwives under "Domiciliary Midwives" because the supervision of District Midwives forms the bulk of their work; they may supervise, however, institutional as well as domiciliary midwives, though they are in closer touch with the latter.

The post of Non-Medical Supervisor of Midwives may be combined, especially in county areas, with another post, e.g., with that of Superintendent Health Visitor or of County Superintendent of Nurses.

31. *Superintendents or Sisters-in-Charge of District Midwives Homes.*—

(a) *A Superintendent of a District Midwives Home or Homes* is a State Certified midwife in charge of a hostel or home (or group of homes) which is approved by the Central Midwives Board as a training institution for pupil midwives, and in which 10 or more district midwives (apart from pupil midwives) are accommodated, and is responsible for their work and for the training of the pupil midwives.

(b) *A Sister-in-Charge of a District Midwives Home or Homes* is a State Certified midwife (other than one covered by the definition in (a) above) in charge of a hostel or home (or group of homes) for the accommodation of district midwives, and is responsible for their work; if the home is approved by the Central Midwives Board as a training institution for pupil midwives, she is responsible also for the training of the pupils.

32. *A District Midwife* is a State Certified midwife who is employed whole-time to act as a midwife or maternity nurse for women who are confined in their own homes. She may be called upon by her employing authority to perform other duties. She may be employed by a local authority or a voluntary body. (Those practising independently do not fall within the Committee's terms of reference.) The name covers other names used for the same category of midwife, e.g., Domiciliary Midwife, County Midwife, Borough Midwife, Municipal Midwife.

Note.—District Nurse Midwives—persons who are State Certified midwives and State Registered nurses and are employed partly in domiciliary nursing and partly in domiciliary midwifery—are being dealt with in the Second Report of the Nurses Salaries Committee, who have consulted us about their recommendations.

33. *A Village Nurse Midwife* (about whom we have also had consultation with the Nurses Salaries Committee) is a State Certified midwife who is not a general State Registered nurse but has undergone a course of practical and theoretical instruction in district nursing; who is employed whole-time by a District Nursing Association to act as a midwife or maternity nurse for women who are confined in their own homes, and to act as a nurse for patients who are being treated in their own homes; and who is engaged for the larger part of her time on nursing work.

C. SCALES OF SALARIES AND EMOLUMENTS AND CONDITIONS OF SERVICE OF INSTITUTIONAL MIDWIVES.

34. *Introductory.*—It is convenient to divide our recommendations into those relating to institutional midwives, those relating to domiciliary midwives, and some general recommendations applicable to both. A Summary of all the Tables appears in the Appendix.

This section relates to institutional midwives.

35. The Table which follows sets out our recommendations regarding the salaries and emoluments of institutional midwives. Some recommendations relating to terms and conditions of service follow the Table.

36. **Emoluments*.**—There are three columns relating to emoluments in the Table. They are marked (3), (5) and (6).

* For definition of emoluments see footnote to paragraph 18.

Column (3) headed: "Total Value of Annual Emoluments".—This is the amount which, for superannuation purposes, we consider should be the value of emoluments for resident and non-resident midwives alike.

Column (5) headed: "Value of Emoluments provided by the Institution for Non-Residents".—This is the value to be placed on the emoluments provided by the hospital or maternity home to midwives who desire and are permitted to be non-resident, covering meals provided on duty—whatever their exact number—and use and laundering of uniform.

Column (6) headed: "Living-out Allowance".—This is the sum in cash payable, in lieu of emoluments, after deduction of the value of the services provided by the authority for non-residents (Column (5)), to midwives who desire and are permitted to be non-resident.

In general we have used as our guide the valuation of emoluments recommended by the Nurses Salaries Committee.

TABLE I—SALARIES AND EMBOLMENTS OF MIDWIVES AND PUPIL MIDWIVES EMPLOYED IN HOSPITALS AND MATERNITY HOMES†

(Training Institution means an Institution approved by the Central Midwives Board for training of pupil midwives).

Post (1)	Recommended Annual Salary (Exclusive of emoluments) (2)	See Paragraph 36			
		Total Value of Annual Emolu- ments (3)	Total Value of Salary and Emoluments [Col. 2 plus Col. 3] (4)	Value of Emoluments provided by the Institu- tion for non-residents (5)	Living-out Allowance [Col. 3 minus Col. 5] (6)
Matron in Training Institution 100 beds* or over.	From £300—£500. This is a range, not a scale. The starting point within the range to rest with the employ- ing authority. Six annual increments of £25 to be given there- after, provided that the maximum of the range is not exceeded.	£150	£450—£650	The Matron would always be resident.	
50-99 beds*	£275 rising by annual increments of £25 to £400.	£150	£425—£550	ditto	
25-49 beds*	£250 rising by annual increments of £20 to £350.	£120	£370—£470	ditto	
10-24 beds*	£230 rising by annual increments of £15 to £305.	£120	£350—£425	ditto	
Matron in Non-Training Institution.					
25 beds* or over.	£225 rising by annual increments of £15 to £300.	£120	£345—£420	ditto	
10-24 beds*	£210 rising by annual increments of £10 to £270.	£120	£330—£390	ditto	

† This includes Emergency Maternity Homes. See Note 4 to this Table.

* For method of determining beds, see Note 1 to this Table.

See Paragraph 36

Post (1)	Recommended Annual Salary (Exclusive of emoluments) (2)	Total Value of Annual Emolu- ments (3)	Total Value of Salary and Emoluments [Col. 2 plus Col. 3] (4)	Value of Emoluments provided by the Institu- tion for non-residents (5)	Living-out Allowance [Col. 3 minus Col. 5] (6)
<i>Sister-in- Charge of Maternity Home contain- ing fewer than 10 beds.*</i>					
<i>(a) In a Training In- stitution where the number of pupils allowed by the C.M.B. to be in train- ing at one time is not fewer than six.</i>					
<i>(i) If holding Midwife Teacher's Certificate ; or if in office before 1st April, 1943, and not hold- ing Midwife Teacher's Certificate.</i>	£230 rising by annual increments of £10 to £290.	£120	£350-£410	The Sister-in-Charge would always be resident.	
<i>(ii) If not in office until on or after 1st April, 1943, and not holding the Midwife Teacher's Certificate.</i>	£230 rising by annual increments of £10 to £270.	£120	£350-£390	ditto	
<i>(b) In a Training In- stitution where the number of pupils allowed by the C.M.B. to be in train- ing at one time is fewer than six.</i>					
<i>(i) If holding Midwife Teacher's Certificate ; or if in office before 1st April, 1943, and not hold- ing Midwife Teacher's Certificate</i>	Commencing salary of not less than £190 or more than £210; the starting point within this range to be left to the discretion of the employing auth- ority. Seven annual increments of £10 to be given thereafter.	£120	£310-£400	ditto	

* For method of determining beds, see Note 1 to this Table.

Post (1)	Recommended Annual Salary (Exclusive of emoluments) (2)	See Paragraph 36			
		Total Value of Annual Emolu- ments (3)	Total Value of Salary and Emoluments [Col. 2 plus Col. 3] (4)	Value of Emoluments provided by the Institu- tion for non-residents (5)	Living-out Allowance [Col. 3 minus Col. 5] (6)
(ii) If not in office until <i>on or after</i> 1st April, 1943, and not holding the Midwife Teacher's Certificate. (c) <i>In a Non-</i> <i>Training</i> <i>Institution.</i>	Salary scale as in (i) above, provided that the maximum shall not exceed £260.	£120	£310-£380	The Sister-in-Charge would always be resident.	
<i>Assistant Matron in Training or Non-Training Institution</i>	Commencing salary of not less than £170 or more than £180; the starting point within this range to be left to the discretion of the employing auth- ority. Seven annual increments of £10 to be given thereafter.	£120	£290-£370	ditto	
50 beds* or over.	£230 rising by annual increments of £10 to £290.	£120	£350-£410	The Assistant Matron would always be resident.	
Under 50 beds.*	Commencing salary of not less than £160 or more than £180; the starting point within this range to be left to the discretion of the employing auth- ority. Seven annual increments of £10 to be given thereafter. <i>Note:</i> See Note 3 to this Table for the Assistant Matron of a training institution with under 50 beds who is also the Approved Midwifery Teacher.	£120	£280-£370	ditto	
<i>Superintendent Midwife.</i> (a) <i>In training institution.</i>	From £240 to £340. This is a range not a scale. The starting point within the range to rest in each case with the employing authority. Four annual increments of £15 to be given there- after, provided that the maximum of the range is not exceeded.	£120	£360-£460	The Superintendent Midwife would always be resident.	

* For method of determining beds, see Note 1 to this Table.

Post (1)	Recommended Annual Salary (Exclusive of emoluments) (2)	See Paragraph 36			
		Total Value of Annual Emolu- ments (3)	Total Value of Salary and Emoluments [Col. 2 plus Col. 3] (4)	Value of Emoluments provided by the Institu- tion for non-residents (5)	Living-out Allowance [Col. 3 minus Col. 5] (6)
(b) In non- training institution.	From £220 to £320. This is a range not a scale. The starting point within the range to rest in each case with the employing authority. Four annual increments of £15 to be given there- after, provided that the maximum of the range is not exceeded.	£120	£340-£440	The Superintendent Midwife would always be resident.	
<i>Deputy Super- intendent Midwife.</i>	See Note 2 to this Table.				
<i>Midwifery Teacher</i> (a) <i>Where the number of pupils allowed by the C.M.B. to be in train- ing at one time is not fewer than six.</i>					
(i) If holding Midwife Teacher's Certificate ; or if in office before 1st April, 1943, and not holding the Midwife Teacher's Certificate.	£230 rising by annual increments of £10 to £280.	£120	£350-£400	£35	£85
(ii) If not in office until on or after 1st April, 1943 and not holding Mid- wife Teacher's Certificate.	£230 rising by annual increments of £10 to £260.	£120	£350-£380	£35	£85
(b) <i>Where the number of pupils allowed by the C.M.B. to be in train- ing at one time is fewer than six.</i>	See Note 3 to this Table.				

See Paragraph 36

Post (1)	Recommended Annual Salary (Exclusive of emoluments) (2)	Total Value of Annual Emolu- ments (3)	Total Value of Salary and Emoluments [Col. 2 plus Col. 3] (4)	Value of Emoluments provided by the Institu- tion for non-residents (5)	Living-out Allowance [Col. 3 minus Col. 5] (6)
<i>Departmental Midwifery Sister</i>					
(a) <i>In Training Institution</i>					
(i) with six or more pupils.	£230 rising by annual increments of £10 to £290.	£120	£350-£410	£35	£85
(ii) with fewer than six pupils.	Commencing salary of not less than £180 or more than £200 ; the starting point within this range to be left to the discretion of the employing authority. Seven an- nual increments of £10 to be given thereafter.	£120	£300-£390	£35	£85
(b) <i>In non- Training Institution.</i>	Commencing salary of not less than £160 or more than £180 ; the starting point within this range to be left to the discretion of the employing authority. Seven an- nual increments of £10 to be given there- after.	£100	£260-£350	£30	£70
<i>Midwifery Sister</i>					
(a) If S.C.M. and S.R.N. ; or S.C.M. only if in office on 1st April, 1938, and has remained in office continuously since that date.	£150 rising by annual increments of £10 to £200, with one addi- tional service in- crement of £20 after 10 years service on Midwifery Sister's scale.	£100	£250-£320	£30	£70
(b) If S.C.M. only and not appointed until <i>after</i> 1st April, 1938	£130 rising by annual increments of £10 to £180, with one addi- tional service in- crement of £20 after 10 years service on Midwifery Sister's scale.	£100	£230-£300	£30	£70
	<i>Note.</i> Exceptionally a Midwifery Sister in a small training institution may be the Approved Mid- wifery Teacher. See Note 3 to this Table for such a case.				

Post	Recommended Annual Salary (Exclusive of emoluments)	See Paragraph 36			
		Total Value of Annual Emoluments	Total Value of Salary and Emoluments [Col. 2 plus Col. 3]	Value of Emoluments provided by the Institution for non-residents	Living-out Allowance [Col. 3 minus Col. 5]
(1)	(2)	(3)	(4)	(5)	(6)
<i>Staff Midwife</i>					
(a) If S.C.M. and S.R.N.	£120 rising by annual increments of £5 to £160.	£90	£210-£250	£25	£65
(b) If S.C.M. only.	£100 rising by annual increments of £5 to £150.	£90	£190-£240	£25	£65
<i>Pupil Midwife</i>					
(a) If S.R.N.	£65.				
(b) If not S.R.N.	First year ... £40 Second year and until she has passed first examination ... £45 During second period of training ... £60	£75	£140 £115 £120 £135		The pupil midwife would always be resident, or provided with emoluments in kind.

Notes to Table I.

1. *Method of determining beds for the purpose of calculating salaries of Matrons, Assistant Matrons, Sisters-in-Charge of Maternity Homes, Superintendent Midwives and Departmental Midwifery Sisters.*

The number of beds for this purpose shall be the number of maternity beds in the maternity hospital, maternity home, or maternity department, including ante-natal beds but not including cots. In the case of a unit which is primarily a maternity unit but in which there are beds for analogous work, e.g., for the treatment of premature and sick infants, or of gynaecological cases, it is open to the employing authority, if the same officer is in charge of those beds as well as the maternity beds, to add the number of those beds (either wholly or in such proportion as they think fit) to the number of maternity beds for the purpose of calculating the salary.

If the hospital or maternity home does extern midwifery work, 20 extern deliveries shall be regarded as the equivalent of one additional bed in the case of the Matron or other officer if she is in full charge of the work. If, however, there is a District Midwives Home attached to the hospital with a Superintendent or Sister-in-Charge who is in full charge of the extern midwifery work, the Superintendent or Sister-in-Charge shall receive the appropriate salary laid down in Table II, and no account shall be taken of the extern midwifery work in determining the salary of the Matron or other institutional officer. If the Matron or other institutional officer, while not in full charge, exercises some supervision over the Superintendent or Sister-in-Charge of the District Midwives Home, it is within the discretion of the employing authority to take some account of the extern midwifery work in determining her salary, provided that an appropriate adjustment is made in the salary of the Superintendent or Sister-in-Charge.

Where hospitals or maternity homes have had their accommodation reduced or increased as a result of the war, we RECOMMEND that the principles set out on pages 7 and 8 of the Points of Interpretation (NURSES S.C. Notes No. 1) prepared by the Nurses Salaries Committee should be followed.

2. *Deputy Superintendent Midwife.*

The appointment of a Deputy Superintendent Midwife would be necessary only in a few of the largest midwifery departments, and it would be impracticable to devise equitable national scales for such midwives. Where such an appointment is made, we RECOMMEND that it shall be left to the discretion of the employing authority to determine an appropriate scale.

3. *Midwifery Teacher.*

In all cases where the number of pupils allowed by the Central Midwives Board to be in training in a training institution is *six or more*, the Midwifery Teacher will be entitled

to the appropriate scale laid down for Midwifery Teachers, unless she is also holding a post for which a higher scale has been laid down, in which case she will be entitled to the higher scale.

Where the number of pupils allowed by the Central Midwives Board to be in training is *fewer than six*, and her primary duty is responsibility for the care of her patients or administration, the Midwifery Teacher will in every case hold a post for which a scale has been laid down. In fixing the scales for Sisters-in-Charge of Maternity Homes and Departmental Midwifery Sisters, we have included an allowance for teaching responsibility. No such allowance has been included in the scale laid down for the Assistant Matron with under 50 beds, and where such an officer is also the Approved Midwifery Teacher (see para. (25) (i)), we RECOMMEND that she shall be paid an additional allowance of not less than £20 or more than £30 (the exact amount within this range to be left to the discretion of the employing authority); *provided that* her total salary shall not exceed £260, if she does not hold the Midwife Teacher's Certificate and was not in office until on or after 1st April, 1943. In the exceptional cases where a Midwifery Sister in a training institution with fewer than six pupils is also the Approved Midwifery Teacher, we RECOMMEND that she too shall be paid an additional allowance of not less than £20 or more than £30 (the exact amount within this range to be left to the discretion of the employing authority).

4. *Emergency Maternity Homes.*

It may happen that a midwife whose services have been seconded to an emergency maternity home by a hospital or another maternity home, and who holds a more senior post temporarily in the emergency maternity home, retains nominally her grading in her parent hospital or maternity home. In such a case we RECOMMEND that it shall be left to her employing authority to fix her salary in her temporary appointment with due regard to her duties and responsibilities in that appointment.

37. **Residents and Non-Residents** (see paragraph 18).—In order that a midwife who would ordinarily have been resident, but who is required by her employing authority to live out, may be on the same footing as the resident midwife, we recommend that the employing authority shall find the accommodation for her and pay the full cost, making no cash payment to the midwife in respect of her emoluments.

38. A midwife who is non-resident solely because she desires and is permitted to live away from the hospital or maternity home should receive, in accordance with the above Table, a living-out allowance in lieu of the emoluments, after the appropriate deduction has been made in respect of the services provided by the authority.

39. **Uniform.**—We recommend that all employing authorities shall provide full indoor uniforms free for the use of all their midwives and pupil midwives. If the uniforms are not provided by the authority, an initial allowance and subsequent annual allowances for replacement should be made by the authority to the midwife; the amount of the allowances to be left to the discretion of the authority, whose object should be to fix payments which should be generally adequate to meet reasonable expenditure by the midwife on the provision of uniform.

40. **Fees paid by Pupil Midwives.**—We recommend that the practice which some employing authorities still follow of charging fees to pupil midwives shall be discontinued.

41. **Transfers* and Promotions.**—We recommend that:—

(1) A midwife who transfers without changing her grade from one hospital or maternity home to another where the same scale is in force shall continue to progress on the salary scale in accordance with her length of service. Service accruing for increment at the first institution shall be taken into account at the second in determining qualification for increment; the midwife will thus continue on the same scale as if she had not transferred.

(2) A matron, assistant matron, sister in charge of a maternity home, or superintendent midwife, who transfers from one hospital or maternity home

* For transfer between institutional and domiciliary service see paragraph 61.

to a similar position in another institution where a higher scale is in force shall, if the minimum commencing salary of the new post is less than the salary she had been receiving, start on the new scale at the point equal to her salary before transfer, or, if there is no exactly equal point, at the next higher point. If she transfers from one maternity hospital or maternity home to another where a lower scale is in force, she shall, if she was before transfer already receiving a higher salary than the maximum of the new scale, be placed forthwith at the maximum of the new scale; if she was receiving less than the maximum of the new scale, she shall retain her existing salary and be brought to the next higher point of the new scale on the next incremental date.

(3) A midwife promoted to a new scale, the minimum of which is lower than the salary she was previously receiving shall start on that scale at the point equal to her previous salary, or, if there is no exactly equal point, at the next higher point. This applies whether the promotion is in the same or in a different institution.

(4) A midwife promoted to a new scale, the minimum salary for which is equal to, or greater than, the salary she was receiving before promotion, shall start at the minimum of the new scale.

During the transitional period 1st April, 1943, to 1st April, 1944 (see Section F, dealing with the initial application of our recommendations) some modifications of the above principles may be necessary to secure that, generally speaking, a midwife who transfers or is promoted shall not be placed in a more favourable or less favourable position than one who transferred or was promoted immediately before 1st April, 1943. For this purpose, the Examples of transfers or promotions of nurses during the transitional period contained in the Supplement to the First Report of the Nurses Salaries Committee (published on 9th June, 1943) will be a guide to employing authorities.

42. Breaks in Service*.—A midwife who leaves employment in a hospital or maternity home for other work shall not necessarily, if she returns to institutional midwifery work, return at the point on the scale where she was when she left. Each case will need to be considered on its merits by the employing authority.

43. Hours of Duty.—We recommend that a 96 hour fortnight, day or night duty, should, as soon as conditions permit, be brought into national operation for the general body of institutional midwives (except for those in supervisory positions) and pupil midwives, at a date to be determined by the Minister of Health, having regard to the availability of staff, and subject always to the requirements of the service. In cases of emergency, when exceptional demands are made upon the staff, arrangements should subsequently be made for additional off-duty time. For pupil midwives, the 96 hour fortnight should be inclusive of lectures and tutorial classes, which so far as possible should not be held towards the end of duty time.

44. We recommend that all grades of institutional midwives and pupil midwives shall be given at least one complete day off duty a week.

45. Night Duty.—We are of opinion that it is generally undesirable for midwifery staff to be appointed in hospitals or maternity homes for permanent night duty, and that continuous periods of night duty should, if possible, be restricted to a maximum of six months for midwifery sisters and staff midwives and two months for pupil midwives.

* For transfer between institutional and domiciliary service, see paragraph 61.

D. SCALES OF SALARIES AND EMOLUMENTS AND CONDITIONS OF SERVICE OF DOMICILIARY MIDWIVES.

46. **Introductory.**—This section relates to domiciliary midwives. As in the preceding section some recommendations relating to terms and conditions of service follow the Tables below. Some general recommendations are made in Section E.

47. As stated in paragraph 18, the circumstances of individual domiciliary midwives vary greatly. Those who practise from district hostels or homes, and also those who practise from hospitals or maternity homes, are provided, like the resident institutional midwife, with full emoluments by their employing authority and the salary scales may be related to those applying in institutions. Table II sets out our recommendations for these midwives. We believe that a more extensive provision of district hostels or homes would remove a serious obstacle to the recruitment into the domiciliary midwifery service of young midwives who have been deterred because of the domestic problems involved. It would also have other advantages; it would provide a convenient and efficient method of meeting the needs of densely populated areas, and facilitate the training of pupils. We **recommend** that employing authorities should, in suitable areas and circumstances establish district hostels.

48. The majority of domiciliary midwives practise now from their own homes. About half of them are married and no change could be made in their domestic circumstances. We are of opinion, however, that, in suitable areas and circumstances, it is desirable for employing authorities to provide a furnished or unfurnished house or rooms, or lodging and attendance, to meet particularly the needs of new entrants to the domiciliary service, and that they should, where possible, take over by agreement premises now rented or owned by domiciliary midwives, if they approve those premises as satisfactory and the premises are likely to be suitable for occupation by succeeding holders of the post of domiciliary midwife for the district. The advantages of such arrangements would be

(a) that premises would be available for a new entrant, whenever a midwife left her employment;

(b) that differences in rent and rates will be eliminated, so far as the midwife is concerned, so that a national scale can be applied; and

(c) that one of the main difficulties which has deterred midwives from entering the domiciliary midwifery service—the difficulty of making satisfactory living arrangements—will be eliminated.

49. Table III sets out our recommended scales for domiciliary midwives other than those covered by Table II. Part A relates to those practising from premises which they themselves rent or own and which are approved by the employing authority; for these midwives it will be observed that we recommend that there shall be an additional payment in London and the Metropolitan Police District. Part B relates to those for whom—as we recommend in paragraph 48—a furnished or unfurnished house or rooms have been provided by the employing authority (including those whose premises have been taken over, by agreement, by the employing authority).

50. **Non-Medical Supervisors of Midwives.**—Table IV contains our recommendations for Non-Medical Supervisors of Midwives; we have found it convenient to set out these recommendations separately. The variety of duties undertaken by Non-Medical Supervisors of Midwives is such that we have felt unable to recommend uniform scales for such staff. We do, however, make a recommendation about the range within which we consider their salaries should fall, and about the number and amount of increments. Apart

from the actual supervision of the midwives, their duties include the organisation of the domiciliary midwifery service and often other functions directly concerned with the midwifery service. We **recommend**, therefore, that the salary of a Non-Medical Supervisor of Midwives, within the range suggested, shall not be assessed on the number of midwives supervised, but that the employing authority shall fix the scale with due regard to the various duties of the office. The scale so fixed should, in our view, always be set out when the post is advertised.

The range we recommend is intended to apply not only to Non-Medical Supervisors of Midwives employed whole-time as such, but also to those who combine the post with other duties. The Departmental Committee on the Training and Employment of Midwives (to which reference is made in paragraph 8), while recognising that in certain cases the duties of Non-Medical Supervisor of Midwives might be combined with other duties such as those of Superintendent of a County Nursing Association, expressed the view that it was desirable for *ad hoc* officers to be appointed to these positions by Local Supervising Authorities.

We do not refer specially in the paragraphs in this Section which deal with conditions of service to the conditions of service of Non-Medical Supervisors of Midwives, but we intend that our recommendations as to conditions of domiciliary midwives should apply, where appropriate, to Non-Medical Supervisors. If, for example, a Non-Medical Supervisor is required to wear uniform, the employing authority should provide the uniform or reimburse reasonable expenses incurred by the Supervisor in providing it. Similarly, if they require her to have a telephone they should pay for its installation and maintenance. They should also provide her with the means of transport which they require her to use or reimburse approved travelling expenses incurred in the discharge of her duties. She will be entitled to 28 days annual leave with pay a year, and the prescribed amount of sick leave.

TABLE II—SALARIES AND EMOLUMENTS OF DOMICILIARY MIDWIVES PROVIDED WITH FULL EMOLUMENTS IN HOSPITAL, MATERNITY HOME OR HOSTEL.

Post (1)	Recommended Annual Salary (exclusive of emoluments) (2)	Total value of Annual Emoluments. (For superannuation purposes). (3)	Total value of Salary & Emoluments [Col. 2 plus Col. 3] (4)
<i>Superintendent in Charge* of a District Midwives Home or Homes.</i> If the number of midwives (apart from pupils is):—			
(i) 20 or over	£250, rising by annual increments of £20 to £330.	£120	£370—£450
(ii) 15-19	£240, rising by annual increments of £15 to £315.	£120	£360—£435
(iii) 10-14	£230, rising by annual increments of £15 to £305.	£120	£350—£425

* For definition of Superintendent or Sister-in-Charge of a District Midwives Home see paragraph 31. For those in charge of a District Midwives Home attached to a hospital see Note 1 to Table I.

Post (1)	Recommended Annual Salary (exclusive of emoluments) (2)	Total value of Annual Emoluments. (For superannuation purposes). (3)	Total value of Salary & Emoluments [Col. 2 plus Col. 3] (4)
<i>Sister-in-Charge* of a District Midwives Home or Homes if S.C.M. and S.R.N.; or S.C.M. only if appointed on or before 1st April, 1938, and in office continuously since then.</i>			
<i>(a) Where there are pupil midwives.</i>			
If the number of Midwives (apart from pupils) is :—			
(i) 5-9	<i>If 6 or more pupils† £230 rising by annual increments of £10 to £290; provided that those not holding the Midwife Teacher's Certificate who were appointed on or after 1st April, 1943, shall stop at a maximum of £270.</i>	£120	£350-£410 or £390
	<i>If fewer than 6 pupils† £200 rising by annual increments of £10 to £270.</i>	£120	£320-£390
(ii) Under 5	£190 rising by annual increments of £10 to £260.	£120	£310-£380
<i>(b) Where there are no pupil midwives.</i>			
If the number of midwives employed is :—			
(i) 10 or over	£180 rising by annual increments of £10 to £250.	£120	£300-£370
(ii) 5-9	£170 rising by annual increments of £10 to £240.	£120	£290-£360
(iii) under 5	£160 rising by annual increments of £10 to £230.	£100	£260-£330

* For definition of Superintendent or Sister-in-Charge of a District Midwives Home see paragraph 31. For those in charge of a District Midwives Home attached to a hospital see Note 1 to Table I.

† The number of pupil midwives for this purpose shall be the maximum number approved by the Central Midwives Board to be under instruction at the same time.

Post (1)	Recommended Annual Salary (exclusive of emoluments) (2)	Total value of Annual Emoluments. (For superannuation purposes). (3)	Total value of Salary & Emoluments [Col. 2 plus Col. 3] (4)
<i>Sister-in-Charge* of a District Midwives Home or Homes, if S.C.M. only and appointed after 1st April, 1938.</i>			
(a) <i>Where there are pupil midwives.</i> If the number of midwives (apart from pupils) is :—			
(i) 5-9	<i>If 6 or more pupils† £210 rising by annual increments of £10 to £270; provided that those not holding the Midwife Teacher's Certificate who were appointed after 1st April, 1943, shall stop at a maximum of £250.</i>	£120	£330-£390 or £370
	<i>If fewer than 6 pupils† £180 rising by annual increments of £10 to £250.</i>	£120	£300-£370
(ii) under 5	<i>£170 rising by annual increments of £10 to £240.</i>	£120	£290-£360
(b) <i>Where there are no pupil midwives.</i> If the number of midwives employed is :—			
(i) 10 or over	<i>£160 rising by annual increments of £10 to £230.</i>	£120	£280-£350
(ii) 5-9	<i>£150 rising by annual increments of £10 to £220.</i>	£120	£270-£340
(iii) under 5	<i>£140 rising by annual increments of £10 to £210.</i>	£100	£240-£310
<i>Midwifery Teacher</i> ...	See Note to this Table.		
<i>District Midwife.</i>			
(a) Where the District midwife is S.C.M. and S.R.N.	<i>£140 rising by annual increments of £10 to £200.</i>	£100	£240-£300
(b) Where the District Midwife is S.C.M. only.	<i>£120, rising by annual increments of £10 to £190.</i>	£100	£220-£290
<i>Village Nurse Midwife</i> ...	<i>£110, rising by annual increments of £10 to £170.</i>	£90	£200-£260
<i>Pupil Midwife</i>	Salary and Emoluments as in Table I.		

Note to Table II.

Midwifery Teacher. In certain of the larger training District Midwives Homes where there are 6 or more pupils a separate Midwifery Teacher may be appointed; in such cases the Midwifery Teacher shall receive the salary and emoluments recommended for Midwifery Teachers in Table I.

* For definition of Superintendent or Sister-in-Charge of a District Midwives Home see paragraph 31. For those in charge of a District Midwives Home attached to a hospital see Note 1 to Table I.

† The number of pupil midwives for this purpose shall be the maximum number approved by the Central Midwives Board to be under instruction at the same time.

TABLE III.—SALARIES AND EMOLUMENTS OF DOMICILIARY MIDWIVES NOT RESIDENT IN HOSPITAL, MATERNITY HOME OR HOSTEL.

Part A—*Domiciliary Midwife practising from premises rented or owned by the midwife and approved by the employing authority.*

Post (1)	Recommended Annual Salary (inclusive of emoluments) (2)
<i>District Midwife.</i>	
(a) Where the District Midwife is a State Certified midwife and a general State Registered nurse.	£270, rising by annual increments of £10 to £360.
(b) Where the District Midwife is a State Certified midwife only.	£250, rising by annual increments of £10 to £350.
<i>Village Nurse Midwife</i>	£210, rising by annual increments of £10 to £270.

Notes to Part A of Table III.(i) *Additional payments for London and Metropolitan Area for midwives covered by Part A only.*

We RECOMMEND that the midwives covered by Part A of Table III who work in (a) the Administrative County of London or (b) the rest of the Metropolitan Police District outside the Administrative County shall receive annually the following payments in addition to the salaries laid down in the Table :—

(a) *Administrative County of London*—£25.(b) *Rest of Metropolitan Police District*—£15.

provided that an employing authority which employs domiciliary midwives and whose administrative boundaries are only partly within the Metropolitan Police District shall have discretion to pay the additional allowance of £15 to all the domiciliary midwives covered by Part A who are in their service, to those working in certain parts of their area only, or to none.

(ii) If the Midwife is required to provide, in the premises which she owns or rents, a room to be used for professional purposes, we RECOMMEND that a payment should be made by the authority to the midwife; the amount of the payment to be settled between the authority and the midwife.

(iii) Employing authorities are usually prepared to assist midwives to equip a home. They may do this either by providing furniture, and charging a sum of say, 10/- a week for its use and replacement; or by lending money to the midwife to buy the furniture herself and arranging for repayment of the loan by instalments.

(iv) For Midwives receiving pupils see paragraph 52.

Part B—*Domiciliary Midwife practising from furnished or unfurnished house, or rooms provided by the employing authority.*

Post (1)	Recommended Annual Salary (inclusive of emoluments) (2)
<i>District Midwife.</i>	
(a) Where the District Midwife is a State Certified midwife and a general State Registered nurse.	£270, rising by annual increments of £10 to £360.
(b) Where the District Midwife is a State Certified midwife.	£250, rising by annual increments of £10 to £350.
<i>Village Nurse Midwife</i>	£210, rising by annual increments of £10 to £270.

Notes to Part B of Table III.(i) *The following charges (including rates) shall be made to domiciliary midwives covered by Table III—Part B :—*(a) *for unfurnished house or rooms* £26 a year.(b) *for furnished house or rooms* £52 a year.(c) *for board, lodging, laundry and attendance* £78 a year.

Where an employing authority provides a midwife with an unfurnished house or rooms they may be prepared to assist her to equip a home by lending money to the midwife to buy the furniture herself and arranging for repayment of the loan by instalments—see Note (iii) to Part A of Table III.

(ii) The additional allowance payable in London and the Metropolitan Police District to midwives covered by Part A of Table III is not payable to those covered by Part B.

(iii) For midwives receiving pupils see paragraph 52.

TABLE IV—SALARIES AND EMOLUMENTS OF NON-MEDICAL SUPERVISORS OF MIDWIVES.†

Post (1)	Recommended Annual Salary (inclusive of emoluments) (2)
Non-Medical Supervisors of Midwives ...	From £360 to £550. This is a range not a scale. The starting point within the range to rest with the employing authority. Not less than 4 annual increments to be given thereafter and each increment to be (at the employing authority's discretion) not less than £20 or more than £25; provided that the maximum of the range is not exceeded.

*Notes to Table IV.**1. Additional payments in London and Metropolitan Area for Non-Medical Supervisors of Midwives.*

We RECOMMEND that the non-medical supervisors of midwives who work in (a) the Administrative County of London or (b) the rest of the Metropolitan Police District outside the Administrative County shall receive annually the following payments in addition to the salaries laid down in the Table:—

(a) Administrative County of London	...	...	...	...	...	£25
(b) Rest of Metropolitan Police District	...	...	...	...	...	£15

provided that an employing authority whose administrative boundaries are only partly within the Metropolitan Police District shall have discretion whether or not to pay the additional allowance of £15 to non-medical supervisors of midwives in their service.

2. Non-Medical Supervisors of Midwives provided with full emoluments.

Exceptionally a Non-Medical Supervisor of Midwives is provided by her employing authority with her full emoluments* in a hospital or hostel. In such a case we RECOMMEND that the employing authority shall deduct from the inclusive salary the sum of £130 for providing the emoluments. Non-Medical Supervisors of Midwives who are provided with full emoluments will not be entitled to the additional payments for London and the Metropolitan Police District recommended in Note 1.

51. Benefit of seniority for district midwives covered by Table III in respect of previous midwifery service.—We recommend that all newly appointed district midwives covered by Table III (Part A or Part B) who have previous recent midwifery experience as a staff midwife, midwifery sister, or district midwife accommodated as in Table II, shall have that experience automatically counted for increment in determining the point at which they start on the new scale, up to a maximum of three years, i.e., midwives who are both State Certified midwives and State Registered nurses shall start at £280 if they have had not less than one year's previous recent experience, £290, if not less than two years' experience, and £300, if three years' experience or more; similarly midwives who are State Certified midwives only shall start at £260, £270 or £280 according to previous midwifery service.

52. Midwives covered by Table III who receive pupils.—We recommend that midwives covered by Table III (Part A or Part B) who receive a pupil shall be paid an additional allowance at the rate of £20 a year for teaching responsibility. If the midwife provides the pupil with board and lodging, the employing authority shall pay the midwife a weekly sum to cover this; the amount to be settled between the authority and the midwife.

53. Uniform and Professional Expenses.—We recommend that, for domiciliary midwives, employing authorities shall provide the following services, or reimburse reasonable expenses incurred by the midwife in providing them:—

- (a) Professional equipment and stationery.
- (b) Medical supplies.

* See footnote to paragraph 18.

† See paragraph 50.

- (c) Uniform.
- (d) Professional laundry.
- (e) The installation and maintenance of a telephone, if the employing authority require the midwife to have one.

54. **Transport.**—We recommend that the employing authority shall either provide the midwife with the means of transport which they require her to use, or shall reimburse the approved travelling expenses incurred by her in the discharge of her duties.

55. **Transfers and Promotions*.**—We recommend that:—

(1) A domiciliary midwife accommodated in a hospital, maternity home, or hostel (Table II) who transfers in the same grade to a similar post, continuing to be so accommodated, shall continue to progress on the salary scale in accordance with her length of service. Service accruing for increment in the first post shall be taken into account in determining qualification for increment; the midwife will thus continue on the same scale as if she had remained in the same post.

(2) In paragraph 51 we provide for district midwives appointed to posts covered by Table III who have had recent midwifery experience in certain capacities to have the benefit of seniority in respect of that experience up to a maximum of three years. If a district midwife in a post covered by Table III transfers to a post as district midwife where she is accommodated in a hospital, maternity home, or hostel (Table II), she shall be placed at the appropriate point on the new scale as if she had been employed throughout under her new conditions, i.e., full account will be taken of the previous service in determining commencing salary.

(3) In the case of transfers to London or the Metropolitan Police District from elsewhere, the midwife shall, if she goes to a post covered by Part A of Table III automatically receive the appropriate additional allowance. Where the transfer is in the reverse direction she shall automatically lose the allowance. The same principle applies to transfers of non-medical supervisors of midwives to or from similar posts in London or the Metropolitan District (see Note 1 to Table IV).

(4) A Non-Medical Supervisor of Midwives or a Superintendent or Sister in Charge of a District Midwives Home or Homes who transfers to a similar post elsewhere for which a lower scale is in force shall, if she was before transfer already receiving a higher salary than the maximum of the new scale, be placed forthwith at the maximum of the new scale; if she was receiving less than the maximum of the new scale, she shall retain her existing salary and be brought to the next higher point of the new scale on the next incremental date. If she transfers to a similar post for which a higher scale is in force, the arrangements in (5) and (6) below will apply.

(5) A domiciliary midwife promoted to a new scale, the minimum of which is lower than the salary she was previously receiving shall start on that scale at the point equal to her previous salary, or, if there is no exactly equal point, at the next higher point. This applies whether the promotion is in the service of the same or a different authority.

(6) A domiciliary midwife promoted to a new scale, the minimum salary for which is equal to, or greater than, the salary she was receiving before promotion, shall start at the minimum of the new scale.

For possible modifications during the *transitional period 1st April, 1943, to 1st April, 1944*, see paragraph 41.

* For transfers between domiciliary and institutional service, see paragraph 61.

56. **Breaks in Service***.—A midwife who leaves domiciliary midwifery work for other employment shall not necessarily, if she returns to domiciliary midwifery work, return at the point on the scale where she was when she left. Each case will need to be considered on its merits by the employing authority.

57. **Hours of Duty.**—Because the work of a district midwife is spread irregularly over the 24 hours it is not practicable to apply rigid limits to her working day, although the amount of actual work she does can be regulated by controlling her bookings. We recommend that in three weeks out of every four each district midwife should be given at least two consecutive nights and the intervening day off duty a week, and that in the fourth week she should be given a long week-end of 60 hours consecutive free time. This would mean that in the normal week the midwife would be on duty or on call for 132 out of the 168 hours, though during this period she would generally have long spells free from active duty. Arrangements on these lines have already been made by some employing authorities, but elsewhere it should be practicable to give effect to the recommendation by the operation of a group of midwifery practices as a unit, the establishment of hostels accommodating a number of midwives, or the employment of *ad hoc* relief midwives, according to the circumstances of the area; the first two of the alternatives mentioned are to be preferred where there is no obstacle to their application.

We do not consider that our recommendation in this paragraph as to the off-duty periods of the district midwife should be looked upon as the ultimate aim, and when the supply of midwives permits, a longer period off-duty in the normal week may be practicable.

As regards bookings† the kind of area covered by the midwife's practice, the means of transport available to her, the provision of reliefs and grouping of districts will all influence the amount of midwifery a woman can undertake. As a guide, we suggest that a midwife working in favourable circumstances should normally be expected to attend personally about 66 confinements a year without a pupil, or 90 a year with a pupil.

E. OTHER RECOMMENDATIONS.

58. **Introductory.**—This Section contains a number of recommendations relating to both institutional and domiciliary midwives. They should be read with the recommendations in Section C to obtain a comprehensive view of our recommendations about institutional midwives, and with Section D to obtain a comprehensive view of our recommendations about domiciliary midwives.

59. It is convenient to make it clear at this point that we regard all our recommended scales as appropriate at the present time, with the cost of living at its present level. We do not propose that there shall be any cost of living bonus in addition, or that the scales should vary with any small fluctuations in the cost of living, but we are of opinion that the scales may be subject to reconsideration at the request of either Panel.

60. **Annual Increments.**—We recommend that:—

(a) There shall be for all midwifery staff other than pupil midwives a uniform incremental date, which shall be the 1st April in each year. The first increment of a pupil midwife who is not a general State Registered

* For transfers between domiciliary and institutional service, see paragraph 61.

† The word bookings has been used because it is generally accepted as a convenient measure of the midwife's commitments; where as a matter of experience bookings and cases are numerically at variance an appropriate correction would be made.

nurse shall accrue on the anniversary of the date of the commencement of her first period training; her next increment shall accrue when she commences her second period training.

(b) Midwives appointed for the first time, or promoted to a higher grade, shall not be entitled to an increment on the 1st April following their appointment or promotion, unless they have at that date served at least six months in their new grade. If, however, application of this principle has the result that a midwife on the 1st April following her promotion would receive a lower salary than she would have received if she had not been promoted, she shall be entitled to an increment even if she has served less than six months in her new post.

(c) Annual increments within the respective grades will be automatic, but may be withheld on the receipt of an adverse report; the midwife to have the right of seeing the report and of appeal to the employing authority. If an increment is withheld, a double increment in the following year, if considered desirable, may be granted at the discretion of the employing authority.

61. Transfers from Institutional to Domiciliary Midwifery Service or vice versa.—In paragraph 51 we recommend that a midwife who takes up a post as a district midwife covered by Table III shall be given the benefit of seniority up to three years in respect of previous recent experience as a midwife in certain capacities. For the rest, we consider that, in the case of transfers between institutional midwifery and domiciliary midwifery, discretion must be left with the employing authority to decide what account to take of previous midwifery service in determining the point on the new scale at which the midwife should commence; authorities will wish to bear in mind the desirability of facilitating transfers between the two types of service.

62. Acting Rank.—We recommend that a midwife performing for a consecutive period of not less than three months the duties appropriate to a higher officer shall receive for that period an additional payment at the rate of half the difference between the minima scale rates of the substantive and acting positions.

63. Holidays.—We recommend that all grades of midwives, other than pupil midwives, should have 28 days annual leave with pay a year. By arrangement with her employing authority, the midwife should be at liberty to take her annual holiday in one or more parts. It is not intended that this should be interpreted as meaning 28 working days, or that leave on customary public or Bank holidays should be granted in addition.

The leave arrangements for pupil midwives are largely governed by the arrangements for training laid down by the Central Midwives Board.

A midwife who transfers from one employing authority to another should be given the proportionate amount of leave due to her on leaving the first authority. Similarly a midwife who leaves the service of an authority should (unless she has been dismissed by reason of misconduct) be given the proportionate amount of leave due to her. Pay in lieu of leave should not be given.

During annual leave a holiday allowance of 15s. a week shall be paid to all resident* midwives (including pupil midwives) employed in institutions, other than matrons and assistant matrons, and superintendents in charge of District Midwives Homes, and a holiday allowance of 10s. a week to all non-resident midwives employed in institutions receiving living-out allowances. A holiday allowance of 15s. a week shall be paid to domiciliary midwives covered by Table II. No holiday allowance shall be paid to domiciliary midwives covered by Table III, or to non-medical supervisors of midwives, since their salary is inclusive.

* 'Resident' includes staff who are required by their authority to live out and for whose accommodation the authority makes arrangements under paragraph 37.

64. Post-Certificate Instruction.—If a midwife is required to attend a course of post-certificate instruction in accordance with Section G of the Rules of the Central Midwives Board, the employing authority shall continue to pay the midwife her full salary and shall also pay any necessary fees. If the midwife is receiving a resident salary and is entitled to maintenance in addition, the employing authority shall pay for her board while she is undergoing the post-certificate instruction. If, however, the midwife is receiving an inclusive non-resident salary, she shall herself make an appropriate payment for her board.

65. Suspension from Practice.—If a midwife is suspended from practice in accordance with the Rules of the Central Midwives Board for the purpose of preventing the spread of infection, the employing authority shall during the period of suspension pay her full salary and, where appropriate in the case of resident midwives, the allowances referred to in the last sub-paragraph of paragraph 63, if the suspension is for one week or longer.

66. Sick Pay.—We recommend that, during sickness, all grades of midwives and pupil midwives should receive, in any period of 12 months, sick pay for at least the periods shown in the tables below, subject to deduction of the statutory amount of any sickness or disablement benefit payable under the National Health Insurance Acts:—

During first year—One month's full pay and (after four months' service) two months' half pay.

During second year—Two months' full pay and two months' half pay.

During third year and thereafter—Three months' full pay and three months' half pay.

These periods are minima, and each authority will have discretion to extend them in individual cases.

Unless their authority provide them with in-patient treatment or arrange for its free provision, resident* institutional staff will receive an allowance of 15s. a week during periods of sick leave on full pay, and 7s. 6d. a week during periods of sick leave on half pay, except where the absence is for less than a continuous week, in which case the allowances will not be payable. No allowance is payable if a resident midwife is being provided by the authority with in-patient treatment or if the authority has arranged for its provision free. Non-resident institutional staff receiving living-out allowances will, if not being provided by the authority with in-patient treatment or if the authority has not arranged for its free provision, receive an allowance of 10s. a week during periods of sick leave on full pay and 5s. a week during periods of sick leave on half pay, subject to the same exception; if she is being provided by or on behalf of the authority with in-patient treatment, the non-resident institutional midwife will not receive an allowance, and may (except where the period is less than a continuous week) be charged by the authority a sum not exceeding 15s. a week, to be fixed in each case in the light of the commitments of the midwife.

The arrangements set out above for resident institutional staff apply to resident domiciliary staff, i.e., those covered by Table II. Non-resident domiciliary midwives, i.e., those covered by Table III (Part A or Part B) and Table IV will, if not being provided by the authority with in-patient treatment or if the authority has not arranged for its provision, continue to draw their full inclusive salary during sick leave on full pay, and half that salary during sick leave on half pay; they will not receive any additional

* 'Resident' includes staff who are required by their authority to live out and for whose accommodation the authority makes arrangements under paragraph 37.

allowance. If, however, they are being provided by or on behalf of the authority with in-patient treatment, non-resident domiciliary midwives may be charged by the authority an appropriate sum, to be fixed in the light of the midwives' commitments.

Where a midwife transfers direct from one post to another the service will be regarded as continuous for the purpose of determining title to sick pay. This applies to transfers between the institutional and domiciliary services as well as within the same service. It applies also to promotions.

While on half pay the midwife should continue to make her full contribution towards superannuation, where this is possible. It is understood that this is not at present practicable in local government service generally, under the provisions of the Local Government Superannuation Acts.

F. INITIAL APPLICATION OF RECOMMENDATIONS.

67. **Date.**—We recommend that the date from which our proposed scales of salaries and emoluments, and our proposals as to conditions as far as they are applicable, shall operate shall be the 1st April, 1943.

68. **Method.**—We recommend that midwives newly appointed, or promoted to a higher grade, and pupil midwives who commence training, on or after the date of publication of this Report, shall have our recommendations applied to them as a whole.

69. As regards midwives and pupil midwives in the service of employing authorities on the date of publication of this Report*, we recommend that they shall be given the option, either:—

(a) of accepting as a whole, with retrospective effect to 1st April, 1943, our recommendations for their grade as to salary, emoluments, and, so far as they are applicable, conditions of service, subject to what is said in paragraph 70, or

(b) of remaining on their existing scale of salary, emoluments, and conditions of service for their grade, though on promotion our recommendations shall apply.

70. For staff who choose alternative (a) in the previous paragraph, our recommendations as to the valuation of emoluments for purposes of superannuation, and our proposals as to conditions of service, so far as applicable, shall take effect wholly as from 1st April, 1943. As regards salaries, we recommend that such staff should be dealt with in the following way. During the year commencing the 1st April, 1943, each midwife (other than pupil midwives) shall receive, as an increase on the salary she was receiving on the 1st April, 1943, at her old rate of pay, half the difference between that salary and the salary† which she would have been receiving under our scales, had they been in operation throughout her recognised midwifery service; provided that no midwife shall receive less than the appropriate minimum fixed by the new scales. On the 1st April, 1944, the midwife shall receive an increase equal to the other half, subject to any adjustment necessitated by the proviso to the previous sentence, and shall receive in addition any increment then due to her under our scales. Thus, every midwife will be brought to her appropriate position on the new scales, in accordance with the length of her service, on 1st April, 1944.

* It is not our intention that midwives and pupil midwives who have, between 1st April, 1943, and the date of publication of our Report, left the midwifery service should have our recommendations applied to them in respect of the period from 1st April, 1943, to the time when they left the midwifery service. Our recommendations relate only to midwives and pupil midwives employed as such on the date of publication of our Report, and to future recruits to midwifery.

† This would be calculated by reference to her previous paid service in her existing grade.

As regards pupil midwives, we **recommend** that, if they choose alternative (a), they shall be placed forthwith on their appropriate point on the scales we propose, as from 1st April, 1943.

If a midwife or pupil midwife who chooses alternative (a) is receiving on the date of publication of this Report, a salary higher than the point she would have reached on our scales, had they been in operation throughout her midwifery service, she shall not have her salary reduced; but she shall be entitled to continue to receive that salary, until by length of service sufficient increments have accrued on our scales to entitle her to an increase.

For the purpose of the calculations in this paragraph, the "salary" shall in the case of non-resident midwives, include the cash payment made to them in lieu of emoluments.

SUMMARY OF RECOMMENDATIONS.

Our general recommendations about salaries and emoluments are set out in the Tables and Notes which follow paragraphs 36 and 50 and which are summarised in the Appendix. The following is a summary of our other principal recommendations and expressions of opinion. Reference should be made to the Report itself for fuller details.

MISCELLANEOUS.

Midwives' Uniform.

(1) Steps should be taken to provide the Central Midwives Board, as soon as it is practicable to do so, with the power of framing rules regarding the uniform of State Certified midwives, and to make it an offence for persons other than State Certified midwives to wear that uniform (paragraph 10).

Education.

(2) A franker and more enlightened attitude towards child-bearing and midwifery should be one of the first aims of health education (paragraph 13).

Nurses possessing midwifery qualification.

(3) The Committee deprecate the practice of some general hospital authorities and other authorities who require persons holding nursing posts to possess a full midwifery qualification unless possession of that qualification is essential to the duties which the holders of those appointments will be called upon to perform (paragraph 17).

Pupil Midwives' Fees.

(4) The practice followed by some authorities of charging fees to pupil midwives shall be discontinued (paragraph 40).

Accommodation for District Midwives.

(5) Employing authorities should, in suitable areas and circumstances, establish district hostels (paragraph 47).

(6) It is desirable that employing authorities should, in suitable areas and circumstances, provide a furnished house or unfurnished rooms, or lodgings and attendance, for district midwives, to meet particularly the needs of new entrants; and that they should, where possible, take over by agreement premises now rented or owned by the midwives, if they approve these premises as satisfactory and the premises are likely to be suitable for occupation by succeeding holders of the post of district midwife (paragraph 48).

CONDITIONS OF SERVICE.

(a) *Institutional.**Midwives required to be non-resident.*

(7) If an institutional midwife could ordinarily have been resident, but is required by her employing authority to live out, the employing authority shall find the accommodation for her and pay the full cost, making no cash payment to the midwife in respect of her emoluments (paragraph 37).

Uniform.

(8) All employing authorities shall provide full indoor uniforms free for the use of all their midwives and pupil midwives. If the uniforms are not provided by the authority, an initial allowance and subsequent annual allowances for replacement should be made by the authority to the midwife (paragraph 39).

Hours of Duty and Off-Duty.

(9) As soon as conditions permit a 96-hour fortnight, day or night duty, should be brought into national operation for the general body of institutional midwives (except for those in supervisory positions) and pupil midwives, at a date to be determined by the Minister of Health, having regard to the availability of staff, and subject always to the requirements of the service. In cases of emergency where exceptional demands are made upon the staff, arrangements should subsequently be made for additional off-duty time. For pupil midwives, the 96-hour fortnight should be inclusive of lectures and tutorial classes, which so far as possible should not be held towards the end of duty time (paragraph 43).

(10) All grades of institutional midwives and pupil midwives should be given at least one complete day off duty a week (paragraph 44).

Night Duty.

(11) The maximum continuous periods of night duty should, if possible, be six months for midwifery sisters and staff midwives and two months for pupil midwives. It is generally undesirable for midwifery staff appointed in hospitals or maternity homes to be engaged in permanent night duty (paragraph 45).

(b) *Domiciliary.*

(The recommendations as to conditions of service for domiciliary midwives apply, where appropriate, to non-medical supervisors of midwives—paragraph 50).

Uniform and Professional Expenses.

(12) Employing authorities shall provide domiciliary midwives with the following services, or reimburse reasonable expenses incurred by the midwife in providing them:—

(a) Professional equipment and stationery.

(b) Medical supplies.

(c) Uniform.

(d) Professional laundry.

(e) The installation and maintenance of telephone, if the employing authority require the midwife to have one (paragraph 53).

Transport.

(13) The employing authority shall either provide the midwife with the means of transport which they require her to use, or reimburse the approved travelling expenses incurred by her in the discharge of her duties (paragraph 54).

Hours of Duty and Off-Duty.

(14) In three weeks out of every four each district midwife should be given at least two consecutive nights and the intervening day off duty a week, and in the fourth week she should be given a long week-end of 60 hours consecutive free time. When the supply of midwives permits, a longer period off-duty in the normal week may be practicable (paragraph 57).

(c) Institutional and Domiciliary.

Holidays.

(15) All grades of midwives, other than pupil midwives, shall have 28 days annual leave with pay a year. By arrangement with her employing authority, the midwife should be at liberty to take her annual holiday in one or more parts. It is not intended that this should be interpreted as meaning 28 working days, or that leave on customary public or Bank Holidays should be granted in addition (paragraph 63).

The procedure as regards leave on transfer from one authority to another, and the holiday allowances payable to certain staff, are set out in paragraph 63.

Post Certificate Instruction.

(16) An employing authority shall continue to pay full salary to a midwife required to attend a course of post-certificate instruction under Section G of the Rules of the C.M.B., and shall pay any necessary fees. The authority shall also, if the midwife is entitled to maintenance, pay for her board; if, however, the midwife is receiving an inclusive non-resident salary, she shall herself make an appropriate payment for her board (paragraph 64).

Suspension from Practice.

(17) A midwife suspended from practice to prevent the spread of infection shall be paid her full salary and, where appropriate in the case of resident midwives, the allowances set out in paragraph 63, if the suspension is for one week or longer (paragraph 65).

Sick Pay.

(18) The minimum periods of sick pay in any period of 12 months shall be:—

During first year—1 month's full pay and (after 4 months' service) 2 months' half pay.

During second year—2 months' full pay and 2 months' half pay.

During third year and thereafter—3 months' full pay and 3 months' half pay.

Hospital authorities have discretion to extend these periods in individual cases.

The allowances to be paid to certain categories of staff are set out in paragraph 66.

If a midwife transfers direct from one post to another, her service will be regarded as continuous for the purpose of determining title to sick pay.

While on half pay the midwife should, where this is possible, continue to make her full contribution towards superannuation (paragraph 66).

INCREMENTS, TRANSFERS, PROMOTIONS, BREAKS IN SERVICE, AND ACTING RANK.

(19) The 1st April in each year shall be the uniform incremental date for all midwifery staff other than pupil midwives. For pupil midwives who are not general State Registered nurses, the first increment shall accrue on the anniversary of the date of commencement of her first period of training; her next increment shall accrue when she commences her second period of training. Midwives newly appointed, or promoted to a higher grade, shall not be entitled to an increment on the 1st April following their appointment or promotion, unless they have at that date served at least six months in their new grade; if, however, application of this principle has the result that a midwife on the 1st April following her promotion would receive a lower salary than she would have received if she had not been promoted, she shall be entitled to an increment even if she has served less than six months in her new post. Increments will be automatic, but may be withheld on an adverse report; the midwife to have the right of seeing the report and of appeal to the employing authority. If an increment is withheld, the employing authority may grant a double increment the next year (paragraph 60).

(20) The procedure on transfer and promotion is set out in:—

- (a) paragraph 41, for institutional midwives,
- (b) paragraphs 51 and 55 for domiciliary midwives,
- (c) paragraphs 51 and 61 for transfers from institutional to domiciliary midwifery service or vice versa.

(21) The position on breaks in service is set out in paragraphs 42 and 56.

(22) A midwife performing for at least three consecutive months the duties appropriate to a higher officer shall receive for that period an additional payment at the rate of half the difference between the minima scale rates of the substantive and acting positions (paragraph 62).

APPLICATION OF RECOMMENDATIONS.

(23) The proposals shall take effect as from 1st April, 1943. Midwives newly appointed or promoted, and pupil midwives who commence training, on or after the date of publication of this Report, shall have our recommendations applied to them as a whole. Those in the service of employing authorities on the date of publication of this Report, shall be given the option either—

- (a) of accepting as a whole, with retrospective effect to 1st April, 1943, our recommendations for their grade, subject to what is said later, or
- (b) of remaining on their existing scale and conditions, though on promotion our recommendations shall apply.

For staff who choose (a), our recommendations as to the valuation of emoluments for superannuation purposes, and as to conditions of service so far as applicable, shall take effect wholly as from 1st April, 1943. As regards salary, each midwife (other than pupils) shall receive, as an increase on the salary she was receiving on 1st April, 1943, half the difference between that salary and the salary (to be calculated by reference to her previous paid service in her existing grade) she would have been receiving under the new scales had these scales been in operation throughout her recognised midwifery service; provided that no midwife shall receive less than the appropriate minimum fixed by the new scales. On the 1st April, 1944, she shall receive an increase equal to the other half, subject to any adjustment due to the proviso to the previous sentence, and shall receive in addition any increment then due to her.

Pupil midwives who choose (a) shall be placed forthwith on their appropriate point on the scales we propose, as from 1st April, 1943.

A midwife or pupil midwife who chooses (a) and is on the date of publication of this Report receiving a salary higher than she would have received, had our scales been in operation throughout her midwifery service, shall not have her salary reduced, but shall continue to receive that salary until by length of service sufficient increments have accrued on the new scales to entitle her to an increase.

In this recommendation "salary", in the case of non-resident midwives, shall include the cash payment given in lieu of emoluments (paragraphs 67-70).

The members of both Panels desire to place on record their appreciation of the work of the Committee's Secretary Mr. A. S. Marre. His industry, tact and patience have been of invaluable service in assisting the Committee to arrive at the conclusions set out in this Report.

We are, Sir,

Your obedient Servants,

RUSHCLIFFE (Chairman).

Association of Supervisors of Midwives.

MABEL ETHEL PLATT.

College of Midwives.

K. V. CONI.
NORA B. DEANE.
F. GRUNDY.
F. R. MITCHELL.
LILIAN M. ROSS.
ARNOLD WALKER.

National Association of Local Government Officers.

C. A. W. ROBERTS.

Royal College of Nursing.

LOIS BEAULAH.
MURIEL G. SANDAY.
M. F. WEBB.

Trade Union Congress.

L. W. MANTRIPP.

Association of Municipal Corporations.

R. W. BROSCH.
J. LYTHGOE.
G. W. MARTIN.

British Hospitals Association.

GILBERT G. PANTER.
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County Councils' Association.

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W. ALLEN DALEY.

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D. KEVILL-DAVIES.
NORAH L. COOKE-HURLE.
ELENA RICHMOND.

A. S. MARRE (Secretary).

3rd July, 1943.

APPENDIX

This Appendix contains summaries of the four Tables in the Report. Reference should be made to the Tables in the Report themselves for the Committee's full recommendations.

SUMMARY OF TABLE I.—*Institutional Midwives*

Post (1)	Recommended Annual Salary (exclusive of Emoluments) (2)	Total value of Annual Emoluments (3)	Total value of Salary and Emoluments Col. (2) + Col. (3) (4)
Matron			
(a) <i>Training Institution</i>			
100 beds or over ...	Range :—£300—£500. Six increments of £25, provided maximum not exceeded.	£150	£450—£650
50-99 beds ...	£275 × £25—£400	£150	£425—£550
25-49 beds ...	£250 × £20—£350	£120	£370—£470
10-24 beds ...	£230 × £15—£305	£120	£350—£425
(b) <i>Non-Training Institution</i>			
25 beds or over ...	£225 × £15—£300	£120	£345—£420
10-24 beds ...	£210 × £10—£270	£120	£330—£390
 Sister - in - Charge of Maternity Home contain- ing fewer than 10 beds.			
(a) <i>Training Institution</i> with 6 or more pupils			
	(i) Holding Midwife Teacher's Certificate, or in office before 1/4/43 and <i>not holding</i> Midwife Teacher's Certificate ; £230 × £10—£290.	£120	£350—£410
	(ii) Not in office until on or after 1/4/43 and <i>not holding</i> Midwife Teacher's Certificate ; £230 × £10—£270.	£120	£350—£390
(b) <i>Training Institution</i> with fewer than 6 pupils.			
	(i) Holding Midwife Teacher's Certificate, or in office before 1/4/43 and <i>not holding</i> Midwife Teacher's Certificate ; commencing range of £190—£210 × £10 to £260—£280.	£120	£310—£400
	(ii) Not in office until on or after 1/4/43 and <i>not holding</i> Midwife Teacher's Certificate ; commencing range of £190—£210 × £10—£260.	£120	£310—£380
(c) <i>Non-Training Institution</i>	Commencing range of £170—£180 × £10 to £240—£250.	£120	£290—£370
 Assistant Matron Training Institution or Non-Training Institution.			
50 beds or over ...	£230 × £10—£290	£120	£350—£410
Under 50 beds ...	Commencing range of £160—£180 × £10 to £230—£250. <i>Note.</i> —See Note 3 to Table I for the Assistant Matron of a training institution with under 50 beds who is also the Approved Midwifery Teacher.	£120	£280—£370

Post (1)	Recommended Annual Salary (exclusive of Emoluments) (2)	Total value of Annual Emoluments (3)	Total value of Salary and Emoluments Col. (2) + Col. (3) (4)
Superintendent Midwife (a) <i>Training Institution</i>	Range of £240-£340. Four increments of £15, provided maximum not exceeded.	£120	£360-£460
(b) <i>Non-Training Institution.</i>	Range of £220-£320. Four increments of £15, provided maximum not exceeded.	£120	£340-£440
Deputy Superintendent Midwife.	See Note 2 to Table I of Report.		
Midwifery Teacher (a) <i>6 or more pupils</i> ...	(i) Holding Midwife Teacher's Certificate, or in office <i>before</i> 1/4/43 and <i>not holding</i> Midwife Teacher's Certificate; £230 \times £10-£280. (ii) Not in office until <i>on or after</i> 1/4/43 and <i>not holding</i> Midwife Teacher's Certificate; £230 \times £10-£260. See Note 3 to Table I of Report.	£120	£350-£400
(b) <i>Fewer than 6 pupils</i>		£120	£350-£380
Departmental Midwifery Sister. (a) <i>Training Institution</i> (i) <i>with 6 or more pupils.</i> (ii) <i>with fewer than 6 pupils.</i>	£230 \times £10-£290 Commencing range of £180-£200 \times £10 to £250-£270. Commencing range of £160-£180 \times £10 to £230-£250.	£120 £120 £100	£350-£410 £300-£390 £260-£350
(b) <i>Non-Training Institution.</i>			
Midwifery Sister ...	(a) S.C.M. + S.R.N.; or S.C.M. only in office on 1/4/38:— £150 \times £10-£200 + £20 after 10 years' service in grade. (b) S.C.M. only, appointed after 1/4/38:— £130 \times £10-£180 + £20 after 10 years' service in grade. <i>Note.</i> —See Note 3 to Table I for a Midwifery Sister in a small training institution who is the Approved Midwifery Teacher.	£100 £100	£250-£320 £230-£300
Staff Midwife	S.C.M. + S.R.N.; £120 \times £5-£160. S.C.M. only; £100 \times £5-£150	£90 £90	£210-£250 £190-£240
Pupil Midwife... ...	S.R.N.; £65 not S.R.N.; First year £40 Second year and until she has passed first examination £45 During second period of training £60	£75 £75	£140 £115 £120 £135

SUMMARY OF TABLE II.—*Domiciliary Midwives provided with Full Emoluments in Hospital, Maternity Home or Hostel.*

Post (1)	Recommended Annual Salary (exclusive of Emoluments) (2)	Total value of Annual Emoluments (3)	Total value of Salary and Emoluments. Col. (2) + Col. (3) (4)
Superintendent in Charge of a District Midwives Home or Homes.	Number of midwives employed (apart from pupils):— (i) 20 or over; £250 × £20-£330 (ii) 15-19; £240 × £15-£315 (iii) 10-14; £230 × £15-£305	£120 £120 £120	£370-£450 £360-£435 £350-£425
Sister-in-Charge of a District Midwives Home or Homes if S.C.M. and S.R.N.; or S.C.M. only if appointed on or before 1/4/38. (a) <i>Where there are pupil midwives.</i>	Number of midwives employed (apart from pupils):— (i) 5-9; (If 6 or more pupils) £230 × £10-£290; stop at £270 for those not holding Midwife Teacher's Certificate appointed after 1/4/43. (If fewer than 6 pupils) £200 × £10-£270 (ii) under 5; £190 × £10-£260	£120 £120	£350-£410 or £390 £320-£390 £310-£380
(b) <i>No pupil midwives</i>	No. of midwives employed:— (i) 10 or over; £180 × £10-£250 (ii) 5-9; £170 × £10-£240 ... (iii) under 5; £160 × £10-£230	£120 £120 £100	£300-£370 £290-£360 £260-£330
Sister-in-Charge of a District Midwives Home or Homes. S.C.M. only and appointed after 1/4/38. (a) <i>Where there are pupil midwives.</i>	No. of midwives employed (apart from pupils):— (i) 5-9; (If 6 or more pupils) £210 × £10-£270; stop at £250 for those not holding Midwife Teacher's Certificate appointed after 1/4/43. (If fewer than 6 pupils). £180 × £10-£250 ... (ii) under 5; £170 × £10-£240	£120 £120	£330-£390 or £370 £300-£370 £290-£360
(b) <i>No pupil midwives</i>	No. of midwives employed:— (i) 10 or over; £160 × £10-£230 (ii) 5-9; £150 × £10-£220 ... (iii) under 5; £140 × £10-£210	£120 £120 £100	£280-£350 £270-£340 £240-£310
Midwifery Teacher ...	See note to Table II.		
District Midwife ...	S.C.M. + S.R.N.; £140 × £10-£200. S.C.M. only; £120 × £10-£190	£100 £100	£240-£300 £220-£290
Village Nurse Midwife	£110 × £10-£170 ...	£90	£200-£260
Pupil Midwife ...	As in Table I.		

SUMMARY OF TABLE III.—*Domiciliary Midwives not resident in hospital, maternity home, or hostel.*

Part A. Practising from premises rented or owned by the Midwife and approved by employing authority.

Post (1)	Recommended Annual Salary (inclusive of emoluments) (2)
District Midwife ...	S.C.M. + S.R.N.; £270 \times £10-£360 S.C.M. only; £250 \times £10-£350
Village Nurse Midwife	£210 \times £10-£270

NOTE:—+ £25 for Administrative County of London.
+ £15 for rest of Metropolitan Police District.

Part B. Practising from furnished or unfurnished house, or rooms provided by employing authority.

Post (1)	Recommended Annual Salary (inclusive of emoluments) (2)
District Midwife ...	S.C.M. + S.R.N.; £270 \times £10-£360 S.C.M. only; £250 \times £10-£350
Village Nurse Midwife	£210 \times £10-£270

NOTES:—1. The following charges (including rates) to be made:—
(a) for unfurnished house or rooms £26 a year
(b) for furnished house or rooms £52 a year
(c) for board, lodging, laundry and attendance ... £78 a year
2. The allowances recommended for London and Metropolitan Police District in the Note to Part A do not apply to midwives covered by Part B.

SUMMARY OF TABLE IV—*Non-Medical Supervisors of Midwives*

Post (1)	Recommended Annual Salary (inclusive of emoluments) (2)
Non - Medical Supervisor of Midwives.	Range:—£360 to £550. Not less than four increments to be given and each increment to be (at the employing authority's discretion) not less than £20 or more than £25; provided maximum of range not exceeded.

NOTES:—1. + £25 for Administrative County of London (unless provided with full emoluments).
+ £15 for rest of Metropolitan Police District (unless provided with full emoluments).
2. Salary to be reduced by £130, if provided by employing authority with full emoluments in a hospital or hostel.

